

# Training Request

SUBMITTED BY:	DATE:	THROUGH:	DATE:
TO: CASS-A	DATE:	DUTY LOCATION:	
NAME OF EMPLOYEE:		TYPE OF TRAINING:	
CLASSIFICATION/TITLE:		<input type="checkbox"/> Job required <input type="checkbox"/> Job related <input type="checkbox"/> Upward Mobility* <input type="checkbox"/> Career Related*   *Attach appropriate justification.	
WHY IS TRAINING NEEDED? (New Program, New Technologies, Planned Development, etc.)			
COURSE TITLE/NUMBER:		ORGANIZATION/VENDOR:	
LOCATION OF TRAINING (Address):			TELEPHONE NUMBER:
TUITION COST		FUNDING CODE:	
SUPERVISOR'S APPROVAL:			DATE:
ACTIVITY/DIRECTORATE/DIVISION APPROVAL:			DATE:

## THIS SECTION FOR CASS USE ONLY

TO: CAST-SA  
CAST-PC

FROM: CASS-A

DATE:

- ☐ Request revolving fund check be issued as indicated above.  
☐ Request purchase order be issued as indicated above.

\_\_\_\_\_  
TRAINING OFFICER OR REPRESENTATIVE

TO:

FROM: CASS-A

DATE:

- ☐ The above request has been approved and processed.  
☐ The above request is disapproved for the following reason:

\_\_\_\_\_  
TRAINING OFFICER OR REPRESENTATIVE